New medications: CELEXA 20MG TABLET / 1 po qd
ZESTRIL 10MG TABLET / 1 po qd

RTC Mon 10/23/2000 11:20am

Andrew Schiff, MD

CORNELL UNIVERSITY
Joan and Sanford I. Weill Medical College

Cornell Internal Medicine Associates
Department of Medicine

NEW YORK PRESBYTERIAN HOSPITAL
525 East 70th Street
Helmsley Tower, Suite 4
New York, NY 10021
Telephone: 212-746-2900
Fax: 212-746-8165

January 8, 2001

Steven Alfano
3800 Waldo Ave #13G
Bronx, NY 10463

NYH # 228-41-47

Progress Note: Steven Alfano / October 23, 2000

Subjective: 42 year old man with
doing well on celexa
sleeping better
and bp well controlled on zestril

Objective:

BP 130/100 P Wt 304 lbs
unchanged

Current Medications:

CELEXA 20MG TABLET / 1 po qd
ZESTRIL 10MG TABLET / 1 po qd
PREVACID 30MG CAPSULES / 1 po qd
NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migrain
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:
cont zestril
cont celexa

Plan:
Andrew Schiff, MD

121 East 61st Street New York, NY 10021
Fax: 212 546-9285
Phone: 212 546-9285

Sean E. McCance, M.D.
Spine Surgery

Fax

To: Shannon From: Crystal

Fax: 716-231-6502 Pages: 5

Date: 1/8/01

Re:

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

SEAN E. MCCANCE, M.D.
SPINAL SURGERY
121 East 61st Street
New York, NY 10021
212 546-9285

ALFANO, STEVEN **8/17/00**

HISTORY: Patient is a 42-year-old female referred by Dr. Alexiades for evaluation of pain in the low back radiating down the left leg with numbness in both feet. He has loss of strength in the left leg with walking.

He tells me this has been going on since April and getting worse. He did have a car accident in 1997 at which time he felt he began losing strength in the left leg. His complaint is in the early mornings he has severe low back pain for about an hour but that is getting better with Vioxx. He has numbness in both feet, left worse than right with sitting. He has pain down the left leg with sitting and standing. Pain in the left buttock and left posterior thigh. It ranges from mild to moderate, helped somewhat by two epidural injections. It is located in the left lumbosacral area and radiates into the central area. He has numbness and pins and needles in both feet and weakness in the left ankle with walking. Urinary retention has been a problem since about April of this year. Arms and neck are okay. The back and legs hurt equally. Coughing and sneezing hurts the back and the legs. He has less pain at night. He feels like his balance is off because he starts tripping over the left foot after a block or two. Walking after one block causes a functional foot drop. Standing bothers him after about 10 minutes. Sitting causes low back pain and left leg more than right pain after 10 minutes. Sleeping is interrupted due to his urinary problems. Also, he is having erectile dysfunction, not achieving the same quality as in the past.

SOCIAL HISTORY: He has been out of work for the last 2 months due to this problem and is on disability. Recreation is playing with his children. He does smoke a pack a day and does not drink. He is married.

PAST MEDICAL HISTORY: Notable for borderline hypertension and migraines.

ALLERGIES: Codeine.

MEDICATIONS: Prevacid, Norvasc, Vioxx, and Nortriptyline.

PAST SURGICAL HISTORY: Shoulder surgery 1996, tonsillectomy 1996.

EXAMINATION: Reveals a large well-developed male who stands at 5'4" and weighs 300 pounds. He walks with a normal but slow gait but he does have trouble with heel walking on the left side. Reflexes are 2+ at knees, 2+ right ankle, 1+ left ankle. Sensation is decreased in the left L5 and especially S1 distribution. Power testing is 4/5 left tibialis anterior and left hip abductor. Straight leg raise is negative. Hip range of motion is pain free. He does have a lot of pain with pressure palpation of the L5 vertebra. He has pain with lumbar range of motion especially extension.

SEAN E. MCCANCE, M.D.
SPINAL SURGERY
121 East 61st Street
New York, NY 10021
212 546-9285

ALFANO, STEVEN (continued) **8/17/00**

I have reviewed the patient's MRI scan. He does have significant degenerative disc changes with modic endplate changes at L5-S1 with diffuse disc bulging and a moderate spinal stenosis. He does have impingement of the left-sided L5 nerve root.

DIAGNOSIS:
1. Discogenic low back pain.
2. Left L5-S1 radiculopathy.

ASSESSMENT AND PLAN: I advised the patient that I am concerned about his weakness in the left leg and his difficulty walking after 1-2 blocks. That problem has been going on for the last 1-2 years and does not appear to be improving. His pain flare in his back is most likely related to the changes at L5-S1.

I did advise him that the most definitive solution for him would be an L5-S1 fusion with decompression. He is undergoing treatments with a neurologist who is managing him conservatively. I did advise him to strongly consider having surgery. He will consider his options. I also advised him to stop smoking if he does consider surgery, for at least one month prior to surgery and 3 months following.

Sean E. McCance, M.D.

SEM/es

Facsimile Transmission Cover Sheet

CIGNA

212.439-6855 2nd request

Transmit to FAX number	Date	Time	Total number of pages (including this sheet)
212.288.1524	December 14, 2000	8:28 AM	4

To	From
Name Michael Alexiades, MD	Name Shannon Bailey
Company	Department Long Term Disability
Phone 212.734.1288	Phone 800.532.9288 ext. 6541
Address	Address 255 East Avenue Rochester, NY 14604

Comments

RE: Stephen Alfano
SSN: 099449648
DOB: 1/14/58

NYK 1972
Weill Medical College
CIGNA Life Insurance Company of New York

We recently received a Long Term Disability Claim for your patient, Mr. Alfano. In order to assist us with properly assessing his current medical status, could you please complete the enclosed "Physical Ability Assessment" form and forward us the following information:

- Copies of progress notes and test results for the period 4/1/2000 to the present.

I have also sent a signed authorization to release information. Please forward the information within the next 14 days. I would like to thank you in advance for taking the time to help us obtain this necessary information.

Sincerely,

Shannon Bailey, Case Manager

[ ] Acknowledgment Requested

To Fax a reply, dial: 718.231.6502

01/08/2001 16:36 FAX 718 231 6502 CIGNA INTEGRATED CLAIM 001

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1552
CONNECTION TEL	8212439685SPF
CONNECTION ID	
ST. TIME	01/08 16:31
USAGE T	05'10
PGS. SENT	2
RESULT	OK

Facsimile Transmission Cover Sheet

CIGNA

212.439.6855 2nd request

Transmit to FAX number	Date	Time	Total number of pages (including this sheet):
212.288.1524	December 14, 2000	8:28 AM	4

To	From
Name Michael Alexiades, MD	Name Shannon Bailey
Company	Department Long Term Disability
Phone 212.734.1288	Phone 800.532.9288 ext. 6541
Address	Address 255 East Avenue Rochester, NY 14604

Comments

RE: Stephen Alfano	NYK 1972
SSN: 099449648	Weill Medical College
DOB: 1/34/58	CIGNA Life Insurance Company of New York

We recently received a Long Term Disability Claim for your patient, Mr. Alfano. In order to assist us with properly assessing his current medical status, could you please complete the enclosed "Physical Ability Assessment" form and forward us the following information:

- Copies of progress notes and test results for the period 4/1/2000 to the present.

I have also sent a signed authorization to release information. Please forward the information within the

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant:	Steven Alfano	**SSN:**	099449648
Policyholder:	Weill	**Policy #:**	NYK 1972

Date: 01/08/01 **Time:** 3:53 PM

To: ☒ **From:** ☐ Dr. Shiff **Cx:** ☐ **ER:** ☐ **MD:** ☒ **Other:**

Phone Number: 212.746.2879

Spoke With: Linda **Relationship:**

Call Content/Message:
Called to f/u on med request made 12/14/00.

She said she will fax it today.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: Dana D'Ambrosio
Case Manager

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant:	Steven Alfano	**SSN:**	099449648
Policyholder:	Weill	**Policy #:**	NYK 1972

Date: 01/08/01 **Time:** 3:48 PM

To: ☒ **From:** ☐ Dr. McCance **Cx:** ☐ **ER:** ☐ **MD:** ☒
Other:

Phone Number: 212.546.9285

Spoke With: Crystal **Relationship:**

Call Content/Message:
Called to f/u on med request made 12/14/00.

Cx has not been seen there since August, so they do not feel comfortable filling out the PAA. I asked her to just send the progress notes requested then.

She said she is going to fax it over right now.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: Dana D'Ambrosio
Case Manager

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant:	Steven Alfano	**SSN:**	099449648
Policyholder:	Weill	**Policy #:**	NYK 1972

Date: 01/08/01 **Time:** 3:35 PM

To: ☒ **From:** ☐ Dr. Alexiandes **Cx:** ☐ **ER:** ☐ **MD:** ☒
Other:

Phone Number: 212.734.1288

Spoke With: Wilda **Relationship:**

Call Content/Message:
Called to f/u on med request made 12/14/00.

She said they never received it and asked me to re-fax to 212.439.6855.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: Dana D'Andrea
Case Manager

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant:	Steven Alfano	**SSN:**	099449648
Policyholder:	Weill	**Policy #:**	NYK 1972

Date: 01/08/01 **Time:** 3:23 PM

To: ☒ **From:** ☐ Dr. Digiovanni **Cx:** ☐ **ER:** ☐ **MD:** ☒
Other:

Phone Number: 212.434.3432

Spoke With: **Relationship:**

Call Content/Message:
Called to f/u on med request made 12/28/00.

Left a voice mail message.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: *Case Manager*

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant:	Steven Alfano	**SSN:**	099449648
Policyholder:	Welll	**Policy #:**	NYK 1972

Date: 01/08/01 **Time:** 3:19 PM

To: ☒ **From:** ☐ Dr. Farmer **Cx:** ☐ **ER:** ☐ **MD:** ☒ **Other:**

Phone Number: 212.606.1591

Spoke With: **Relationship:**

Call Content/Message:
Called to f/u on med request made 12/28/00.

Left a voice mail message.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: _____
Case Manager

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant: Steven Alfano **SSN:** 099-44-9648

Policyholder: Weill Med College **Policy #:** NYK 1972

Date: 01/05/01 **Time:** 12:39 PM

To: ☒ **From:** ☐ 212.746.2879 **Cx:** ☐ **ER:** ☐ **MD:** ☒
Other:

Phone Number: Dr. Schiff

Spoke With: **Relationship:**

Call Content/Message:
Called to follow up on request for progress notes.

Left message on answering machine.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: [signature]
Case Manager

Lara D'Ambrosio
Case Manager
Long Term Disability

CIGNA

January 5, 2001

Routing
Corporate Place
Rochester NY 14606
Telephone 716.231.6521
Facsimile 716.258.1780

Steven Alfano
3800 Waldo Ave Apt 13-G
Bronx, NY 10463

RE:	Claimant:	Steven Alfano
	Certholder:	S099449648
	Policy Keys:	NYK 1972
	Account Name:	Weill Medical College
	Company Name:	CIGNA Life Insurance Company of New York

Dear Mr. Alfano;

We regret the delay in making a decision on your claim. We are currently awaiting medical information from:

1. Dr. Farmer
2. Dr. Digiovanni
3. Dr. Schiff
4. Dr. McCance
5. Dr. Alexiades
6. Thera-Ex

We hope to get this information within the next 30 days. At that time, we will advise you of the status of your disability claim.

If there are any questions, please do not hesitate to contact me. Thank you.

Sincerely,

Lara D'Ambrosio
Case Manager
1-800-532-9288 ext 6521

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant: Steven Alfano **SSN:** 099-44-9648

Policyholder: Weill Med College **Policy #:** NYK 1972

Date: 01/05/01 **Time:** 12:31 PM

To: ☒ **From:** ☐ Thera - Ex Facility **Cx:** ☐ **ER:** ☐ **MD:** ☐ **Other:** Rehab

Phone Number: 914.476.0951

Spoke With: Ron **Relationship:**

Call Content/Message:
Called to f/u on request for PT notes.

Ron stated he would give the message to his boss to fax the information.

Took down my name, phone number and fax number.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: Case Manager

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant:	Stephen Alfano	**SSN:**	099449648
Policyholder:	Weill Medical	**Policy #:**	

Date: 01/05/01 **Time:** 10:50 AM

To: ☐ **From:** ☒ CX **Cx:** ☐ **ER:** ☐ **MD:** ☐ **Other:**

Phone Number:

Spoke With: **Relationship:**

Call Content/Message:
Cx called to inform me he had applied for SSDI. He asked for fax number to send over the proof of application.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: Shannon Dailey
Case Manager

FACSIMILE COVER PAGE

To :	Shannon Bailey/L. D'Ambrosio	From :	Steve Allano
Sent :	1/5/01 at 9:56:06 AM	Pages :	2 (including Cover)
Subject :	SS DBL Application Receipt		

Here is my DBL application receipt from Social Security. Let me know if there's anything else you need. Thanks,

Steve

JAN 8 5 2005

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

PERSON TO CONTACT ABOUT YOUR CLAIM	SSA OFFICE	DATE SSA RECEIVED YOUR CLAIM
TELEPHONE NUMBER (INCLUDE AREA CODE)		JAN 4 2001

Your application for Social Security disability benefits has been received and will be processed as quickly as possible.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you change your address, or if there is some other change that may affect your claim, you - or someone for you - should report the change. The changes to be reported are listed below.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	SOCIAL SECURITY CLAIM NUMBER
Steven Alfano	099-44-9648

CHANGES TO BE REPORTED AND HOW TO REPORT
FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID

- You change your mailing address for checks or residence. To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.
- You go outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits.
- Custody Change—Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- You are confined to jail, prison, penal institution or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime.
- You become entitled to a pension or annuity based on your employment after 1956 not covered by Social Security, or if such pension or annuity stops.
- Your stepchild is entitled to benefits on your record and you and the stepchild's parent divorce. Stepchild benefits are not payable beginning with the month after the month the divorce becomes final.
- Change of Marital Status—Marriage, divorce, annulment of marriage.
- You return to work (as an employee or self-employed) regardless of amount of earnings.
- Your condition improves.
- If you apply for or begin to receive workers' compensation (including black lung benefits) or another public disability benefit, or the amount of your present workers' compensation or public disability benefit changes or stops, or you receive a lump-sum settlement.

HOW TO REPORT
You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above changes occur, the change(s) should be reported by calling:

_____
(Telephone Number—Include Area Code)

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant:	Steven Alfano	**SSN:**	099-44-9648
Policyholder:	Weill Med College	**Policy #:**	NYK 1972

Date: 12/28/2000 **Time:** 11:42 AM

To: ☒ **From:** ☐ Thera - Ex Facility **Cx:** ☐ **ER:** ☐ **MD:** ☐ **Other:** Rehab

Phone Number: 914.476.0951

Spoke With: Ron **Relationship:**

Call Content/Message:
Called to obtain copies of CX's PT notes.

Ron stated he would fax them over to my attention.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: Dana D'Ambrosio
Case Manager

Facsimile Transmission Cover Sheet

CIGNA

Transmit to FAX number	Date	Time	Total number of pages (including this sheet):
212.774.2909	December 28, 2000	10:31 AM	4

To

Name
James C. Farmer, MD

Company

Phone
212.606.1591

Address

From

Name
Lara D'Ambrosio

Department
Long Term Disability

Phone
800.532.9288 ext 6521

Address
255 East Ave
Rochester, NY 14604

Comments

RE: Steven Alfano
SSN: 099-44-9648
DOB: 1/14/58

NYK 1972
Weill Medical College
CIGNA Life Insurance Company of New York

To assist us in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his disability status.

Please provide us with the following:

- Copies of progress notes from 6/2000 to the present
- Copies of test results from 6/2000 to the present

In addition, please complete the attached physical ability assessment in regards to your patient's current level of functioning.

Thank you for your time and attention to this matter.
My fax number is 716.231.6502.

Your patient's authorization to release information is attached.

[ ] Acknowledgment Requested

To Fax a reply, dial: 716.258.1780

PHYSICAL ABILITY ASSESSMENT

(To be completed by the medical professional)

Please complete the following items based on your clinical evaluation of:

Patient Name Steven Alfano SS# 099-44-9648

Diagnosis(es)/ICD9 Code(s)

In an 8-hour workday, the patient can perform the following activities:

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Lifting:	10 lbs.				
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Carrying:	10 lbs.				
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Pushing:	(Max. Wt.:_____)				
Pulling:	(Max. Wt.:_____)				
Sitting:					
Standing:					
Walking:					
Climbing:	Regular Stairs				
	Regular Ladders				
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Smell/Taste:					

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Reaching:	Overhead				
	Desk Level				
	Below Waist				
Fine Manipulation:	Right				
	Left				
Simple Grasp:	Right				
	Left				
Firm Grasp:	Right				
	Left				
Environmental Conditions: Exposure to extremes in heat					
Exposure to extremes in cold					
Exposure to wet / humid conditions					
Exposure to vibration					
Exposure to odors / fumes / particles					
Ability to work extended shifts/ overtime:					
Use of lower extremities for foot controls:					

Please use this space to elaborate on ANY of the above categories:

_____

_____

_____

_____

_____

_____

_____

_____

Name: _____ **Signature:** _____

Specialty: _____ Date: _____

Address: _____ Phone: _____

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

12/28/2000 12:10 FAX 718 291 6502 CIGNA INTEGRATED CLAIM 001

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1385
CONNECTION TEL	812127742000
CONNECTION ID	
ST. TIME	12/28 12:05
USAGE T	04'27
PGS. SENT	4
RESULT	OK

Facsimile Transmission Cover Sheet

CIGNA®

Transmit to FAX number	Date	Time	Total number of pages (including this sheet) :
212.774.2909	December 28, 2000	10:31 AM	4

To	From
Name James C. Farmer, MD	Name Lara D'Ambrosio
Company	Department Long Term Disability
Phone 212.606.1591	Phone 800.532.9288 ext 6521
Address	Address 255 East Ave Rochester, NY 14604

Comments

RE: Steven Alfano
SSN: 099-44-9648
DOB: 1/14/58

NYK 1972
Weill Medical College
CIGNA Life Insurance Company of New York

To assist us in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his disability status.

Please provide us with the following:

- Copies of progress notes from 6/2000 to the present
- Copies of test results from 6/2000 to the present

In addition, please complete the attached physical ability assessment in regards to your patient's current level of functioning.

REIMBURSEMENT AGREEMENT

Claimant STEVEN ALFAND

Social Security 099-44-9648 Insuring Company [redacted]

Account Name _____ Account Number _____

I have filed a claim for benefit under Group Short Term Disability (STD) and/or Long Term Disability (LTD). I understand that under the terms of the STD/LTD policy Benefits may be reduced by any amounts that I or my dependents, if applicable, receive or are assumed to receive including, but not limited to:

- the Canada and Quebec Pension Plans;
- the Railroad Retirement Act;
- local, state, provincial or federal government disability or retirement plan or law;
- work loss provision in "No Fault" auto insurance;
- Social Security disability or retirement benefits;
- Permanent or temporary Worker's Compensation or similar state or Federal law;
- Veteran's Administration Plans.

I also understand the Insurance Company has the right to immediately reduce benefits by an amount it estimates will be received, but by signing this agreement and complying with its terms the Insurance Company will not reduce my benefits.

I have applied or will apply for Other Benefits and am not currently receiving such Benefits. I further understand that an agreement not to estimate my Other Benefits is only valid if I provide proof of the following events:

- Insurance Company receives proof of my application within the first six months from the date my disability commences.
- Payments were denied prior to one year from the date my disability commences.
- Signed Reimbursement Agreement was submitted to the Insurance Company.

Beginning with the 13th month after my disability commences, the Insurance Company will begin estimating my Other Benefits and will reduce my STD/LTD benefits accordingly. Such estimation will continue until I have satisfied the requirements stated in the policy.

If I later receive Other Benefits for myself or my dependents, if applicable, I agree to reimburse the full amount of any overpayment within 30 days after receiving the award. In addition, I understand that the Insurance Company, at its option, will retain any future benefits payable, including Minimum Monthly Benefits, and use it to reduce the overpayment not refunded within 30 days. The Insurance Company reserves the right to obtain a lump payment to recover an overpayment even if future benefits are being withheld.

I agree to provide any information about my Other Benefits claim needed to determine the benefits I am entitled to under the Short Term or Long Term Disability policy. In addition, I agree to keep the Insurance Company advised of the progress of my claim for Other Benefits and promptly notify the Insurance Company when benefits have been awarded.

This Agreement does not modify or amend any other provisions in the STD/LTD policy.

NOTE: As a service to you, we have created this agreement so that you are able to receive your Net STD/LTD Benefit while waiting for your Other Benefits award or denial. If you choose not to sign and return this form, we will estimate Other Benefits and deduct the amount from your STD/LTD benefits according to the provisions of the contract.

STEVEN ALFAND
Name (Please Print)

12/15/00
Date

Signature

Witness

General
LMI-614154 Rev. 3/00

Lara D'Ambrosio

DISABILITY QUESTIONNAIRE

In order to assist us with the processing of your Disability/Waiver of Premium claim, and/or to assist in your potential to benefit from Rehabilitation, please complete this questionnaire and return it in the envelope provided. If necessary, please use the reverse side of the form to complete any of the survey items.

NAME: STEVEN ALEAND SOCIAL SECURITY #: 099-44-9648
ADDRESS: 3800 WILLOW AVE APT 13G CITY/STATE/ZIP: BRONX NY 10463

(1.) Describe in your own words what prevents you from performing YOUR occupation. CONSTANT BACK PAIN PREVENTS CONCENTRATION ON MENTAL TASKS. CONDITION IS MADE WORSE BY SITTING. SITTING ALSO PRODUCES PAIN AND NUMBNESS IN BUTTOCKS/LEGS AND FOOT. SEE TAB DESCRIPTIVE ATTACHMENT

(2.) Describe in your own words what prevents you from engaging in ANY gainful employment. SAME AS ABOVE PLUS AM UNABLE TO STAND FOR PERIODS OF TIME OR WALK DISTANCES WITHOUT STOPPING AND EXPERIENCING "FOOT DROP." MUST LAY DOWN FREQUENTLY TO REST

(3.) Show the name and address of the doctor(s) you see regularly (include frequency). Please use other side of page for additional information, if necessary.

Doctor's Name ANDREW N SCHIFF, MD	Doctor's Name MICHAEL ALEXIADES, MD, PC
Mailing Address 505 E 70 ST NY NY 10021	Mailing Address 159 E 74 ST NY NY 10021
Telephone # 212-746-2879	Telephone # 212-734-1288
Frequency of Visits 2 MOS.	Frequency of Visits 3-6 MOS.
Date of Last Visit 10/23/00	Date of Last Visit 7/31/00
Doctor's Name JAMES C. FARMER, MD	Doctor's Name
Mailing Address 523 E 72 ST NY NY 10021	Mailing Address
Telephone # 212-606-1591	Telephone #
Frequency of Visits 6-8 WEEKS	Frequency of Visits
Date of Last Visit 11/7/00	Date of Last Visit

(4.) Please list any prescription medications you take. Please use the other side of page for additional information, if necessary.

Medication	Dosage	Frequency	Medication	Dosage	Frequency
VIOXX	50MG	DAILY			
PREVACID	30MG	DAILY			
ZESTRIL	10MG	DAILY			
ASPIRIN	81MG	DAILY			
CELEXA	20MG	DAILY			

(5.) Please identify the names and addresses of any hospital(s)/Rehabilitation facilities in which you were treated during the past 12 months. Please use reverse side to report additional information.

Hospital Name	LENOX HILL HOSPITAL AMBULATORY SURGERY CENTER	Hospital Name	THOMAS EX (REHAB)
Mailing Address	100 E 77 ST NY NY 10021	Mailing Address	984 BROADWAY YONKERS NY 10701
Phone Number	212-434-3432	Phone Number	914-476-0951
Treatment Dates	7/5/00 & 7/17/00	Treatment Dates	9/00

(6.) Height: 6'3" Weight: 290
Right or Left Hand Dominant: LEFT Spouses Date of Birth: 5/25/62
Dependent Children(s) Date(s) of Birth: 10/1/92 & 5/18/95

(7.) Current status of Social Security Disability/Retirement benefits (Please circle one), if you are receiving Social Security benefits. Please send us a copy of your most recent decision (Award or Denial).

Awarded Denied/No appeal has been filed Denied/Filed for Reconsideration

Denied/At Administrative Law Judge Level → (Other) (See comments)

* FILING APPLICATION

(8.) Are you able to take care of all your personal care needs (grooming, dressing, etc.)? If no, what areas require assistance?

YES

(9.) Please indicate the chores you perform on a regular basis: (check all that apply) NONE

____ Cooking ____ Shopping ____ Laundry
____ Cleaning ____ Child Care ____ Yard Work, Gardening
____ Other (Please describe)

(10.) Please list which activities you attend? (Such as school, therapy, or Vocational Rehabilitation, etc.)

NONE

(11.) What do you do for fun? (Such as knitting, bingo, playing cards, woodworking, mechanics, computers, fishing, etc.)

READ, LISTEN TO MUSIC

(12.) Would you be interested in seeking training for some other line of work? ____ Yes ✓ No
If yes, what type of work? ____

(13.) Do you anticipate returning to your previous occupation or any other occupation in the near future?
____ Yes ✓ No
If yes, when? ____
If no, why not? DEGENERATIVE CONDITION
Have you ever considered self-employment? If yes, please explain: I THINK A WEB BASED BUSINESS MAY BE A GOOD VENTURE.

(14.) Please indicate the extent of your formal education by circling the appropriate year.

Primary/High School: 1 2 3 4 5 6 7 8 9 10 11 (12) GED	
Trade School: 0 years	Skill/Trade: 0
Licenses and Certifications:	
College: 1 2 3 (4)	Major/Minor: MANAGEMENT / PSYCHOLOGY
Post Graduate Work: (1) 2 3 4	Area of Study: MIS Degree: BBA

15.) Briefly describe your past work and Military experiences for the last twenty years. Please use other side of page for additional information, if necessary.

1. JOB TITLE: WAGE & SALARY MGR	EMPLOYED From: 9/1 Through: PRESENT
Major Duties: DEVELOP AND ADMINISTER COMPENSATION SYSTEMS, NEGOTIATE SALARIES	
Minor Duties: DEVELOP AND ADMINISTER PERFORMANCE MGT. SYSTEMS	
Tools/Equipment Used: OFFICE EQUIPMENT: TELEPHONE, CALCULATOR, COPY MACHINE	
Machinery/Computers Used: DESK TOP COMPUTER	

2. JOB TITLE: ASST. DIRECTOR HR	EMPLOYED From: 3/90 Through: 11/90
Major Duties: ADMINISTERED COMPENSATION AND EMPLOYMENT FUNCTIONS	
Minor Duties: ADMINISTERED EMPLOYEE IMMIGRATION AND ORIENTATION PROGRAMS	
Tools/Equipment Used: OFFICE EQUIPMENT: TELEPHONE, CALCULATOR, COPY MACHINE	
Machinery/Computers Used: DESK TOP COMPUTER	

3. JOB TITLE: WAGE & SALARY ANALYST MGR	EMPLOYED From: 8/82 Through: 2/90
Major Duties: COMPENSATION ADMINISTRATION	
Minor Duties: LABOR RELATIONS	
Tools/Equipment Used: OFFICE EQUIPMENT: TELEPHONE, CALCULATOR, TYPEWRITER	
Machinery/Computers Used: DESK TOP COMPUTER	

4. INFORMATION DESK CLERK 5/77 - 8/82
PROVIDED TELEPHONE AND FRONT DESK COVERAGE.

Grade: E10

WEILL MEDICAL COLLEGE of CORNELL UNIVERSITY
POSITION DESCRIPTION

Position Title: Manager, Compensation

FLSA Status: Exempt

Department: Human Resources

Division:

Incumbent: Steven Alfano

Reports to: Sr Director, Human Resources

Edited by: Susan McCreight

Date: September 2000

Reviewed by: Susan McCreight

Scheduled Weekly Hours: 35

I. POSITION SUMMARY

Under the general direction of the Senior Director, Human Resources, administers the non-academic compensation program to ensure internal and external equity and compliance with internal policy and federal and local laws governing wage and salary.

II. MAJOR RESPONSIBILITIES

- Works with the SDHR to develop, implement, communicate and administer compensation policies for non-academic employees of WMC to ensure competitive compensation, compliance with policy and laws and adequate opportunity for reward for performance and promotion.

- Develops and updates a system of compensation ranges to offer competitive pay, opportunity for continuing reward and ability to keep pace with inflation and employment market issues.

- Develops and maintains relationships with appropriate external professionals and professional organizations through informal and formal meetings, memberships, etc. to ensure continuing education in the field of compensation for the purpose of maintaining sound and up-to-date compensation practices that support the employment and retention of highly qualified employees.

- Administers a program of job analysis to ensure the assignment of appropriate pay scales to all non-academic positions.

12-28-00

- Designs, implements, maintains and oversees the administration of a performance management system for all non-academic employees to ensure accurate documentation of performance, fair and equitable ratings of performance, salary increases tied to performance and regular feedback to employees on matters of job performance.

- Develops and prepares regular reports on compensation matters for presentation to the SDHR (and others as requested) analyzing significant compensation issues, identifying developing trends and recommending plans of action to ensure effective administration of compensation programs at WMC.

III. POSITION REQUIREMENTS

Requires undergraduate college degree and a minimum of 7 years in professional human resources capacity, with at least 2 years in a managerial role. Must have at least 3 years in compensation, both exempt and non-exempt. Must have strong organization and analytical skills, have demonstrated ability to creatively solve problems and well-developed interpersonal skills. Needs demonstrated ability to communicate effectively both orally and in writing. Must work well under pressure and be results and deadline oriented. Ability to work with word processing and spreadsheet softwares required. Must be able to forecast project costs and develop appropriate budget plans.

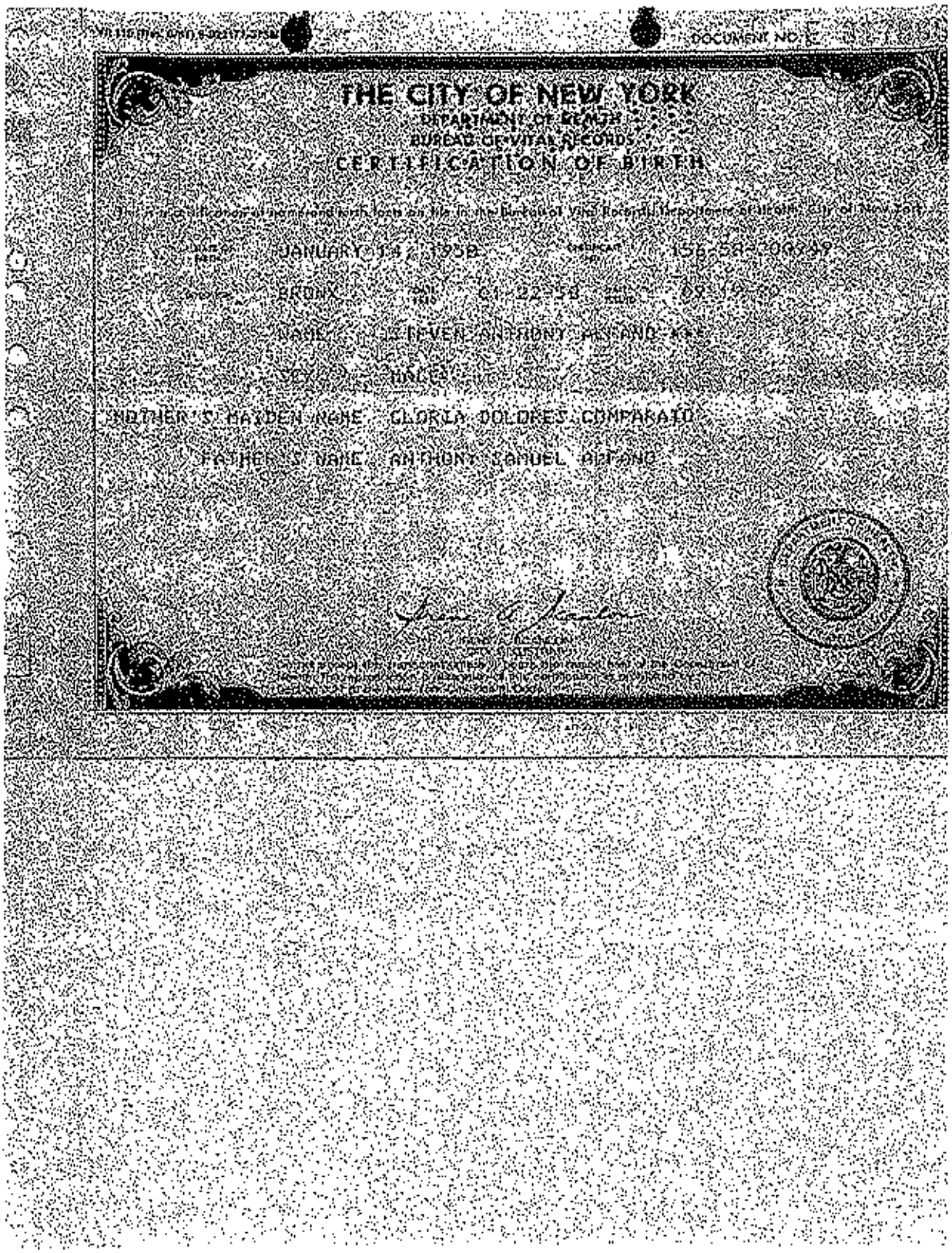
May be required to work overtime to complete projects on time. Must be a self-starter and be able to effectively manage others. Must have the ability to persuade and influence others.

IV. DIRECT REPORTS

Senior Compensation Analyst
Human Resources Clerk

V. PHYSICAL REQUIREMENTS

Work performed in modern office environment. Most work performed sitting at desk. Must be able to use Personal Computer, telephone, copier, facsimile, calculator on a daily basis. Must be able to sit for extended periods.



DOCUMENT NO.

THE CITY OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL RECORDS

CERTIFICATION OF BIRTH

DATE: JANUARY 14, 1958 CERTIFICATE: 15858-006299

BRONX C1-22-58 09-19-0

NAME: STEVEN ANTHONY PAYANO ***

SEX: MALE

MOTHER'S MAIDEN NAME: GLORIA DOLORES CONPARAIO

FATHER'S NAME: ANTHONY SAMUEL PAYANO

Facsimile Transmission Cover Sheet

CIGNA

12·26·00

Transmit to FAX number	Date	Time	Total number of pages (including this sheet) : 4
212.844.8481	December 14, 2000	8:28 AM	

To	From
Name Stephen Scelsa, MD Company Phone 212.844.8490 Address	Name Shannon Bailey Department Long Term Disability Phone 800.532.9288 ext. 6543 Address 255 East Avenue Rochester, NY 14604

Comments

RE: Stephen Alfano
SSN: 099449648
DOB: 1/14/58

NYK 1972
Weill Medical College
CIGNA Life Insurance Company of New York

We recently received a Long Term Disability Claim for your patient, Mr. Alfano. In order to assist us with properly assessing his current medical status, could you please complete the enclosed "Physical Ability Assessment" form and forward us the following information:

- Copies of progress notes and test results for the period 4/1/2000 to the present.

I have also sent a signed authorization to release information. Please forward the information within the next 14 days. I would like to thank you in advance for taking the time to help us obtain this necessary information.

Sincerely,

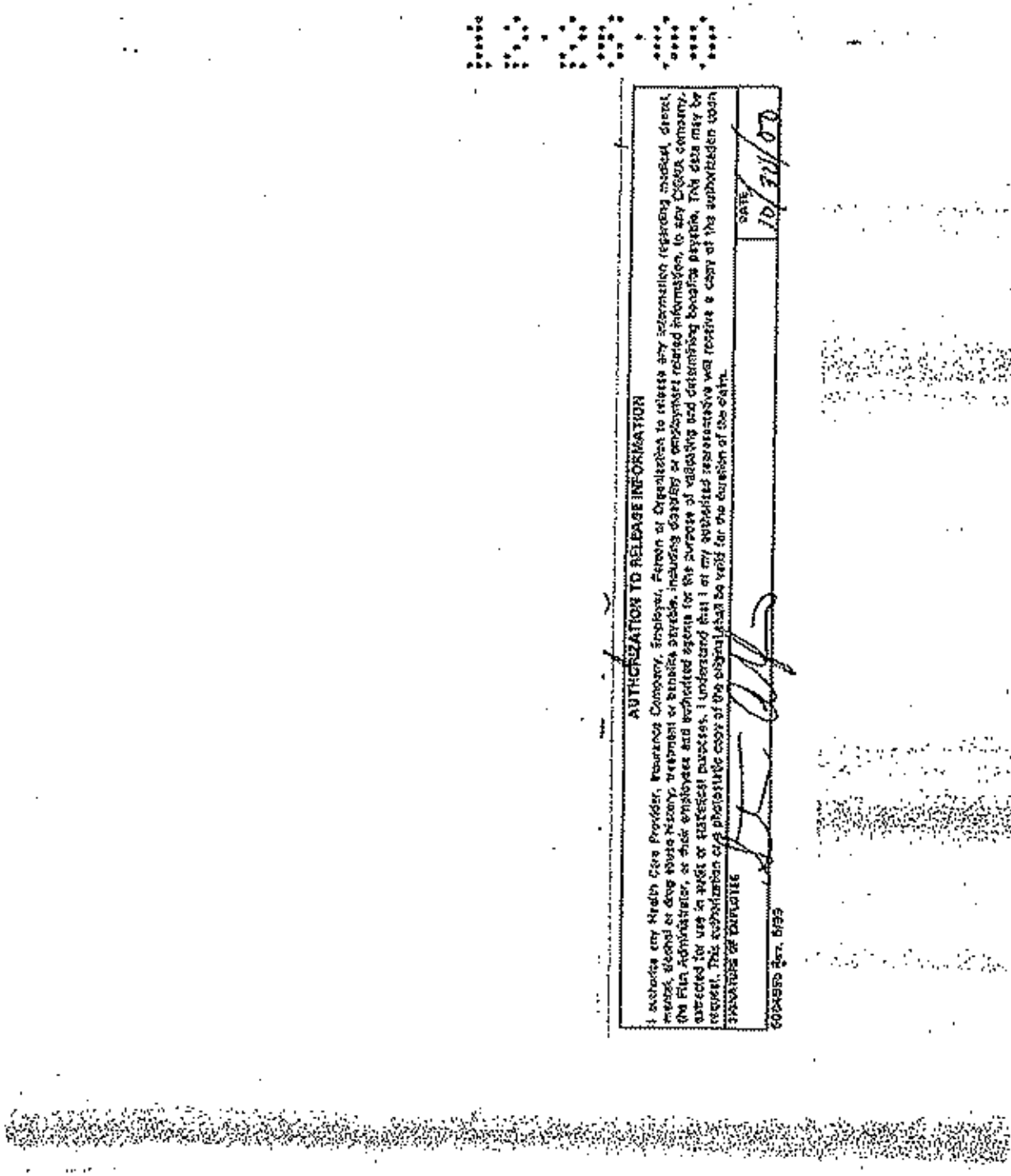
Shannon Bailey

Shannon Bailey , Case Manager

CONFIDENTIALITY NOTICE If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

[ ] Acknowledgment Requested

To Fax a reply, dial : 718.231.6502



AUTHORIZATION TO RELEASE INFORMATION

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information, to any CIGNA company, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be collected for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a photostatic copy of the original shall be valid for the duration of the claim.

SIGNATURE OF EMPLOYEE DATE 10/31/00

PHYSICAL ABILITY ASSESSMENT

(To be completed by the medical professional)

Please complete the following items based on your clinical evaluation of:

Patient Name Stephen A[illegible] SS# 099 44 9647

Diagnosis(es)/ICD9 Code(s) Lumbosacral Radiculopathy (724.4)

In an 8-hour workday, the patient can perform the following activities:

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.8 - 5.5 hrs)	Occasionally (1-33%) (<2.8 hrs)	Not applicable to diagnosis(es)
Lifting:	10 lbs.		✓		
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Carrying:	10 lbs.		✓		
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Pushing:	(Max. Wt.: 20lbs)		✓		
Pulling:	(Max. Wt.: 20lbs)		✓		
Sitting:			✓		
Standing:			✓		
Walking:				✓	
Climbing:	Regular Stairs			✓	
	Regular Ladders			✓	
Balancing:			✓		
Stooping:				✓	
Kneeling:				✓	
Crouching:				✓	
Crawling:				✓	
Seeing:					✓
Hearing:					✓
Smell/Taste:					✓

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Reaching:	Overhead			✓	
	Desk Level			✓	
	Below Waist			✓	
Fine Manipulation:	Right				✓
	Left				✓
Simple Grasp:	Right				✓
	Left				✓
Firm Grasp:	Right				✓
	Left				✓
Environmental Conditions:					
Exposure to extremes in heat					✓
Exposure to extremes in cold					✓
Exposure to wet / humid conditions				✓	
Exposure to vibration				✓	
Exposure to odors / fumes / particles					✓
Ability to work extended shifts/ overtime:				✓	
Use of lower extremities for foot controls:			✓		

Please use this space to elaborate on ANY of the above categories:

I saw this patient only once, 7/20/2000

Name: Stephen Scelsa
Specialty: Neurology
Address:

Signature:
Date: 12/15/00
Phone: (212) 844-8490

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

ELECTROMYOGRAPHY LABORATORY
DEPARTMENT OF NEUROLOGY
BETH ISRAEL MEDICAL CENTER
NEW YORK, NEW YORK

NAME	ALFANO, STEVEN
SOCIAL SEC #	099-44-9648
EXAM DATE	07/20/2000
REFERRED BY	Andrew Schiff, M.D.

AGE	42	HEIGHT (INCHES)	76	WT#	32	SEX	Male

History: Mr. Alfano is a 42-year-old man referred for possible left lumbosacral radiculopathy. Two months ago, he made a sudden movement and felt sudden lower back pain and stiffness. A few days later, he began to feel radiation of the pain into the left buttock, posterior thigh to the ankle.

He has had lower back pain intermittently for many years since a car accident in 1997. Since that time, he has intermittently noted some weakness in his left leg, particularly in the calf when pushing off with his foot. Occasionally, he thought there was some weakness in the anterior thigh. Sitting for a long time aggravates the pain. Sitting slightly flexed and hunched over was partially alleviating. He also had pain while lying down at night in the posterior thigh. For four months, he has had some urinary retention and erectile dysfunction. He saw a urologist who found no abnormalities.

He recently saw an orthopedic surgeon. He had an MRI of his lumbosacral spine which showed spondylosis and stenosis at L5/S1, with impingement of the left L5 nerve root at the lateral recess. He has had two epidural steroid injections, which have provided only mild benefit. A third and final one was planned. Constitutional symptoms, such as weight loss, fever, and rash, were absent.

Past Medical History: Migraines, hypertension, reflux esophagitis.

Drug Allergies: Codeine caused headache (aggravation of migraines) and nausea.

Social History: Works for human resources. Does desk work. He has been out of work since the beginning of June (a month and a half).

Family History: No history of diabetes.

Medications: Imitrex p.r.n., Norvasc, Prevacid.

Review of Systems: See above. No diabetes. No recent trauma. Other systems were reviewed and were negative.

General Examination: Appearance: Appeared well, in no distress. Integument: No dermatomal eruptions in the legs. Neck: Supple. Extremities: No clubbing, cyanosis or edema. Straight-leg raising was negative bilaterally. Patrick's maneuver was, also, negative bilaterally.

Neurologic Examination:

Mental Status: Alert and oriented x 3. Fluent speech. He gave a detailed description of his symptoms and recalled dates well.

Cranial Nerves: Extraocular movements intact. Face symmetric.

Motor: No atrophy, fasciculations, or pronator drift. Strength was 5/5 in all groups, although there was some give-way in left plantar and dorsiflexion of the foot and toes. Strength seemed normal.

Gait: Slightly antalgic. Able to stand, but not walk, on his heels and toes; this was painful.

Coordination: Finger-to-nose and tandem gait steady.

Sensory: Negative Romberg. Pin was diminished in the left lateral border of the foot. Vibration was impaired in the great toes bilaterally. Pin and vibration were, otherwise, intact.

Reflexes: Reflexes 2+ throughout. Plantar responses were flexor bilaterally.

Electrophysiologic Findings: Bilateral peroneal and tibial motor conduction studies were normal. Left tibial and bilateral peroneal F-wave minimal latencies were prolonged. Right tibial F-wave minimal latencies were normal. Bilateral sural and peroneal sensory responses were normal. Bilateral tibial H-reflex latencies were prolonged. Needle EMG of bilateral gluteus maximus, left leg, and lumbosacral paraspinal muscles showed no spontaneous activity. There was borderline decreased recruitment in the left tibialis anterior and quadriceps muscle, but motor unit potential morphology was normal throughout.

Clinical/Electrophysiologic Impression: There were nonspecific neurogenic abnormalities in both legs of uncertain significant. Late responses were prolonged bilaterally. These findings did not clearly differentiate bilateral L5/S1 radiculopathies from mild polyneuropathy. There was not definitive electrophysiologic evidence of either.

Taken together, the clinical and electrophysiologic features suggest

the patient has left S1, more than L5, radiculopathy. There was no associated weakness or reflex change. Further conservative management is planned, at this point. He will follow up for a third epidural injection. In the interim, he was told to stop the Motrin and to start Pamelor 25 mg p.o. q.h.s., to be increased to 50 mg p.o. q.h.s. in seven days, and to 75 mg p.o. q.h.s. at the end of two weeks, if tolerated. He was also started on Ultram one or two tablets p.o. q.i.d. p.r.n. pain. The side effects of the medicine were fully explained. He will hold off exercising for now. He was told that he could return to work, and that he should get up from his desk a few times an hour to stretch and walk around. He was also told he should avoid lifting anything heavy (greater than ten pounds). The patient will see me in followup in six weeks. I requested that he try to bring a copy of his MRI of lumbosacral spine films, if available.

Stephen Scelsa, M.D.
Director of the Neuromuscular Division
Assistant Professor of Neurology

SS/TL975/01190
T: 07/21/2000

Motor Nerve Conduction						
Nerve	Latency ms	Amp mV	Dur ms	Dist mm	Vel m/sec	Comment
R.Peroneal Ankle-EDB	4.26	4.2	7.32			NI
R.Tibial Ankle-AH	4.60	11.3	6.40			NI
L.Tibial AK-AH	4.04	12.1	6.82			NI
L.Tibial Pop-AH	15.1	9.6	7.80	520.0	46.8	NI
L. Peroneal AK-EDB	5.82	7.4	6.75			NI
L. Peroneal BFH-EDB	14.3	6.5	8.04	420	49.5	NI
L.Peroneal AFH-AK	16.2	6.3	8.16	91	48	NI

F-Waves			
Nerve	Latency(ms) Min	Latency(ms) Max	Comment
R.Peroneal EDB	59.0		↑Lat
R.Tibial AH	58.2	63.6	NI
L.Tibial AH	59.7	63.0	↑Lat
L.Peroneal EDB	58.9	61.8	↑Lat

Sensory Nerve Conduction						
Nerve	Latency	Amp uV	Dur	Distance mm	Velocity m/s	Comment
L.Peroneal Leg-Dorsum Ft	2.69	10.1	3.12	130.0	48.3	NI
R.Sural Calf-LatMal	3.50	16.9	1.95	160.0	45.7	NI
L.Sural Calf-LatMal	3.30	17.2	1.71	150.0	45.5	NI
R.Peroneal Leg-Dorsum Ft	2.42	8.11	1.94	120.0	49.6	NI

Alfano,Steven, 099449648 July 20, 2000

H Reflex			
Nerve	Latency mS	Amplitude mV	Comment
L.Tibial H Reflex	36.5		†Lat
R.Tibial H Reflex	38		†Lat

Routine Needle EMG Examination								
Muscle	Fib PSW	Fasc	Misc	MUP			Rec Patt	Comment
				Amp	Dur	Phase		
L.Glut Max	0	0						NI
L.Quad	0	0		NI	NI	NI	Normal	NI
L.Tib Ant	0	0		NI	NI	NI	Normal	NI
L.Per Longus	0	0		NI	NI	NI	Normal	NI
L.Gastroc	0	0		NI	NI	NI	Normal	NI
L.L-PSpinal L4,5	0	0						NI
L.L-PSpinal L5,S1	0	0						NI
R.Glut Max	0	0						NI

12/18 '00 10:38 NO.269 01/05

ROBERT B. SNOW, M.D.
523 E. 72 STREET
NEW YORK, NY 10021
TEL: (212)717-0256
FAX: (212)744-5529

FACSIMILE TRANSMITTAL SHEET

TO: Shannon Bailey
COMPANY: Cigna
FAX NUMBER: (716) 231-6502
PHONE NUMBER:

FROM: Robert B. Snow, M.D.
DATE: 12/18/00
TOTAL NO. OF PAGES INCLUDING COVER: 5
SENDER'S REFERENCE NUMBER:

RE: Heidi Alfaro SS# 099449648
YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

ROBERT H. SNOW, M.D., PH.D., F.A.C.S.
NEW YORK, NEW YORK 10021

12-18-00

August 23, 2000

NEW PATIENT VISIT
NEUROSURGICAL CONSULTATION NOTE

RE: STEVE ALFANO

Mr. Alfano is a 42 year old man complaining of low back pain and intermittent leg pain since he was about 16 years old. More recently it's gotten much more severe and he has left much greater than right leg pain. Also if he walks more than a block he gets numbness and weakness and a dropped foot in his left leg more than the right leg but also numbness in the right leg. He also states that he has erectile problems and also some urinary retention. He's had epidural steroids x 2 with slight benefit. He's been on Vioxx recently with slight benefit.

Surgery: Tonsillectomy and soft palate procedure, sinus surgery and right shoulder rotator cuff surgery. Medical Illnesses: Hypertension, esophageal reflux and also has migraines. Medications: Norvasc, Prevacid, Vioxx, Elavil and Imitrex. Allergies: Codeine caused headaches. He smokes one pack per day.

MRI scan reveals moderate stenosis at L5-S1 with severe lateral recess stenosis and a possible disc at L5-S1 towards the left. EMG/nerve conduction studies are suggestive of probable lumbar radiculopathy on the left.

Exam is remarkable for a large man who weighs 300lbs with pain with extension or flexion of the low back and positive straight leg raising bilaterally at 45 degrees. Motor and sensory exam is intact. Deep tendon reflexes absent in the ankle jerks otherwise 2+ and symmetrical.

12-18-00

My impression is L5-S1 radiculopathy left much greater than right secondary to lumbar stenosis. Plan is a lumbar laminectomy at L5 bilaterally with possible discectomy at L5-S1 on the left. Patient is going to think about this.

Robert B. Snow

Robert B. Snow, M.D., Ph.D., F.A.C.S.
Associate Professor of Surgery
(Neurosurgery)

cc: Dr. Andrew Schiff
525 E. 68 Street – HT-4
New York, NY 10021

RBS/vl

12/18 '00 10:39 NO.269 04/05

PHYSICAL ABILITY ASSESSMENT

(To be completed by the medical professional)

Please complete the following items based on your clinical evaluation of:

Patient Name: Stephen [illegible] SS#

Diagnosis(es)/ICD9 Code(s): 721.3

In an 8-hour workday, the patient can perform the following activities:

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Lifting:	10 lbs.		X		
	11-20 lbs.		X		
	21-50 lbs.			X	
	51-100 lbs.				
	100+ lbs.				
Carrying:	10 lbs.		X		
	11-20 lbs.		X		
	21-50 lbs.			X	
	51-100 lbs.				
	100+ lbs.				
Pushing:	(Max. Wt.:_____)				
Pulling:	(Max. Wt.:_____)				
Sitting:				X	
Standing:				X	
Walking:				X	
Climbing:	Regular Stairs			X	
	Regular Ladders			X	
Balancing:					
Stooping:				X	
Kneeling:				X	
Crouching:				X	
Crawling:				X	
Seeing:		X			
Hearing:		X			
Smell/Taste:					

	Continuously (67-100%) (5.6 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Reaching: Overhead				
Desk Level	X	X		
Below Waist	X			
Fine Manipulation: Right	X			
Left	X			
Simple Grasp: Right	X			
Left	X			
Firm Grasp: Right	X			
Left	X			
Environmental Conditions:				
Exposure to extremes in heat	X			
Exposure to extremes in cold	X			
Exposure to wet / humid conditions	X			
Exposure to vibration	X			
Exposure to odors / fumes / particles	X			
Ability to work extended shifts/ overtime:	X			
Use of lower extremities for foot controls:	X			

Please use this space to elaborate on ANY of the above categories:

Name: Robert Snow
Specialty: Neurosurgery
Address: 523 E. 72nd St. NYNY

Signature:
Date: 12/15/00
Phone: 212 717 0256

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

12/20/2000 15:43 FAX 716 231 6502 CIGNA INTEGRATED CLAIM 001

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1279
CONNECTION TEL	8121243433358
CONNECTION ID	
ST. TIME	12/20 15:37
USAGE T	06'44
PGS. SENT	4
RESULT	OK

Facsimile Transmission Cover Sheet

CIGNA®

Transmit to FAX number	Date	Time	Total number of pages (including this sheet):
212. 434. 3358	December 14, 2000	8:28 AM	4

To	From
Name Steven Digiovanni, MD	Name Shannon Bailey
Company	Department Long Term Disability
Phone 212.434.3432	Phone 800.532.9288 ext. 6541
Address	Address 255 East Avenue Rochester, NY 14604

Comments

RE: Stephen Alfano
SSN: 099449648
DOB: 1/14/58

NYK 1972
Weill Medical College
CIGNA Life Insurance Company of New York

We recently received a Long Term Disability Claim for your patient, Mr. Alfano. In order to assist us with properly assessing his current medical status, could you please complete the enclosed "Physical Ability Assessment" form and forward us the following information:

- Copies of progress notes and test results for the period 4/1/2000 to the present.

I have also sent a signed authorization to release information. Please forward the information within the

Facsimile Transmission Cover Sheet

CIGNA®

Transmit to FAX number	Date	Time	Total number of pages (including this sheet):
212. 434. 3388	December 14, 2000	8:28 AM	4

To	From
Name Steven Digiovanni, MD	Name Shannon Bailey
Company	Department Long Term Disability
Phone 212.434.3432	Phone 800.532.9288 ext. 6541
Address	Address 255 East Avenue Rochester, NY 14604

Comments

RE: Stephen Alfano
SSN: 099449648
DOB: 1/14/58

NYK 1972
Weill Medical College
CIGNA Life Insurance Company of New York

We recently received a Long Term Disability Claim for your patient, Mr. Alfano. In order to assist us with properly assessing his current medical status, could you please complete the enclosed "Physical Ability Assessment" form and forward us the following information:

- Copies of progress notes and test results for the period 4/1/2000 to the present.

I have also sent a signed authorization to release information. Please forward the information within the next 14 days. I would like to thank you in advance for taking the time to help us obtain this necessary information.

Sincerely,

Shannon Bailey , Case Manager

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

[ ] Acknowledgment Requested

To Fax a reply, dial: 716.231.6502

PHYSICAL ABILITY ASSESSMENT

(To be completed by the medical professional)

Please complete the following items based on your clinical evaluation of:

Patient Name_____ SS#_____
Diagnosis(es)/ICD9 Code(s)_____

In an 8-hour workday, the patient can perform the following activities:

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Lifting:	10 lbs.				
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Carrying:	10 lbs.				
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Pushing:	(Max. Wt.:_____)				
Pulling:	(Max. Wt.:_____)				
Sitting:					
Standing:					
Walking:					
Climbing:	Regular Stairs				
	Regular Ladders				
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Smell/Taste:					

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Reaching:	Overhead				
	Desk Level				
	Below Waist				
Fine Manipulation:	Right				
	Left				
Simple Grasp:	Right				
	Left				
Firm Grasp:	Right				
	Left				
Environmental Conditions: Exposure to extremes in heat					
Exposure to extremes in cold					
Exposure to wet / humid conditions					
Exposure to vibration					
Exposure to odors / fumes / particles					
Ability to work extended shifts/ overtime:					
Use of lower extremities for foot controls:					

Please use this space to elaborate on ANY of the above categories:

_____

_____

_____

_____

_____

_____

_____

_____

Name: _____ **Signature:** _____

Specialty: _____ Date: _____

Address: _____ Phone: _____

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

AUTHORIZATION TO RELEASE INFORMATION

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information, to any CIGNA company, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of the authorization upon request. This authorization or a photostatic copy of the original shall be valid for the duration of the claim.

SIGNATURE OF EMPLOYEE | DATE 10/31/07

5004559 Rev. 5/98

CIGNA Claims Services
Rochester Claims Service Center

CIGNA

Permanent Telephone Record

Claimant: Steven Alfano **SSN:** 099-44-9648

Policyholder: Weill Med College **Policy #:** NYK 1972

Date: 12/19/00 **Time:** 9:18 AM

To: ☒ **From:** ☐ Dr. Diglovanni **Cx:** ☐ **ER:** ☐ **MD:** ☒
Other:

Phone Number: 212.434.3432

Spoke With: **Relationship:**

Call Content/Message:
Left message to obtain fax number to send request for medical information.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: _____
Case Manager